



MISSOURI

Missouri Department of Labor and Industrial Relations
DIVISION OF EMPLOYMENT SECURITY
QUARTERLY CONTRIBUTION AND WAGE REPORT
PLEASE TYPE OR PRINT THIS REPORT

1. EMPLOYER NAME AND ADDRESS

XYN



2. MISSOURI EMPLOYER ACCOUNT NO.		AUDIT BLOCK (DO NOT USE)
3. CALENDAR QUARTER		Date Paid
4. TOTAL WAGES PAID		
5. WAGES PAID IN EXCESS OF PER WORKER PER YEAR		
6. TAXABLE WAGES Item 4 Minus Item 5		
7. CONTRIBUTIONS DUE Multiply Item 6 by Your RATE		Due Pd
8. INTEREST ASSESSMENT DUE TO FEDERAL ADVANCES		Over Under
9. INTEREST CHARGES PER MONTH If Paid After		Adj/Cr. Applied
10. LATE REPORT PENALTY CHARGES A. Greater of 10% or \$100 B. Greater of 20% or \$200		
11. OUTSTANDING AMOUNTS AS OF		
12. ADJUSTMENT TO PRIOR QUARTERS A. Underpayments B. Overpayments		
13. TOTAL PAYMENT		
14. FOR EACH MONTH, ENTER THE NUMBER OF COVERED WORKERS WHO WORKED OR RECEIVED PAY FOR THE PERIOD WHICH INCLUDES THE 12TH OF THE MONTH 1st 2nd 3rd		

15. FEDERAL ID NUMBER

RETURN THIS PAGE WITH REMITTANCE TO:
DIVISION OF EMPLOYMENT SECURITY
PO BOX 888
JEFFERSON CITY MO 65102-0888
(MAKE CHECK PAYABLE TO DIVISION OF EMPLOYMENT SECURITY)

THIS REPORT IS DUE BY
GREATER OF 10% OR \$100 PENALTY AFTER
GREATER OF 20% OR \$200 PENALTY AFTER

☐ CHECK HERE IF YOU HAVE SOLD OR DISCONTINUED YOUR
BUSINESS/EMPLOYMENT OR IF REQUESTING AN ADDRESS CHANGE.
If checked, complete the 'Report on Change of Business Operations'

DATE

SIGNED
TITLE
SS NO. PHONE

By signing above, I certify that the information contained in this report,
including name and address in Item 1 is true and correct.

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NAME AND ADDRESS OF PREPARER IF OTHER THAN TAXPAYER
SIGNATURE
ADDRESS
PHONE

16. Social Security Number			First Initial	Middle Initial	17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary
20. PAGE 1 OF PAGES					TOTAL THIS PAGE		MODES-4-7 (12-02) AI IHE

THIS FORM IS READ BY A MACHINE, PLEASE TYPE OR PRINT THIS REPORT.



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2nd

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OF

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Missouri Quarterly Wage Report
CONTINUATION SHEET

Print in this space employer's name and account number as shown on Form MODS-4 **Missouri Quarterly Contribution and Wage Report**

Calendar Quarter/Year

Type or print in ink

[illegible]

Be sure that each page carries employer's name, account number, page number and calendar quarter and year.
Return the original completed form to the Division of Employment Security, P.O. Box 888, Jefferson City, MO 65102-0888.

Retain copy for your file.